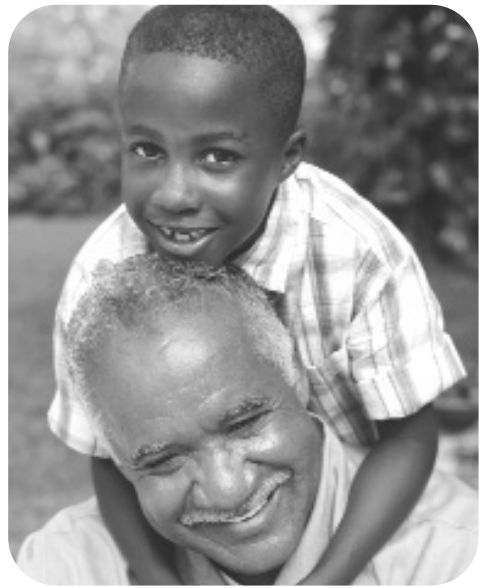


# Summary of Benefits

for  
**First Seniority  
Freedom**  
Premier Plan





# Summary of Benefits

## Introduction to the Summary of Benefits for First Seniority Freedom Premier Plan

January 1, 2009 - December 31, 2009

Thank you for your interest in the First Seniority Freedom Premier Plan. Our plan is offered by HARVARD PILGRIM HEALTH CARE, INC., a Medicare Advantage Private Fee-for-Service organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, or list every limitation or exclusion. To get a complete list of our benefits, please call First Seniority Freedom and ask for the "Evidence of Coverage."

### **You have choices in your health care**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like the First Seniority Freedom Premier plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call First Seniority Freedom at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **How can I compare my options?**

You can compare the First Seniority Freedom Premier plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **Where is the First Seniority Freedom Premier Plan available?**

First Seniority Freedom offers a nationwide enrollment area for employer group retirees. However, some employer groups have chosen to limit their enrollment area. Please check with your former employer to see what your enrollment area is.

### **Who is eligible to join First Seniority Freedom Premier?**

You can join the First Seniority Freedom Premier plan if you are entitled to Medicare Part A and enrolled in Medicare Part B. However, individuals with End Stage Renal Disease (ESRD) are generally not eligible to enroll in the First Seniority Freedom Premier Plan unless you are a current member of this organization or an employer or union group beneficiary with ESRD ageing into Medicare, you may enroll into a employer or union sponsored Medicare Advantage plan regardless of prior commercial coverage.

**Can I choose my doctors?**

As a member of the First Seniority Freedom Premier Plan, you can go to any doctor, specialist, or hospital that accepts Medicare payment and agrees to accept the terms, conditions and payment rate of the HARVARD PILGRIM HEALTH CARE INC. plan. HARVARD PILGRIM HEALTH CARE INC. has the right to determine if the service or treatment ordered by your health care provider is covered under the HARVARD PILGRIM HEALTH CARE INC. plan.

First Seniority Freedom is a Medicare Advantage Private Fee-for-Service plan with a Medicare contract. A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: <http://www.harvardpilgrim.org/fsft>.

**Does my plan cover Medicare Part B or Part D drugs?**

The First Seniority Freedom Premier plan does cover Part B prescription drugs and Part D prescription drugs.

**Where can I get my prescriptions if I join this plan?**

The First Seniority Freedom Premier Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy directory or visit us at <http://www.harvardpilgrim.org>. Our customer service number is listed at the end of this introduction.

**Do I need to enroll in Medicare Part D prescription drug coverage ?**

You do not need to enroll in Medicare Part D. By enrolling in the First Seniority Freedom Premier plan you will automatically be enrolled in Medicare Part D prescription drug coverage.

**What is a prescription drug formulary?**

The First Seniority Freedom Premier plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at <http://www.harvardpilgrim.org/fsformulary>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**How can I get extra help with prescription drug plan costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join the First Seniority Freedom Premier plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see

if you qualify by calling 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **What are my protections in this plan?**

All Medicare Advantage plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the First Seniority Freedom Premier Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **What types of drugs may be covered under Medicare Part B?**

Outpatient prescription drugs that may be covered under Medicare Part B include, but are not limited to, the following types of drugs. Contact First Seniority Freedom for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Harvard Pilgrim Health Care Inc. for more information about this plan.

Visit us at <http://www.harvardpilgrim.org> or, call us:

If you are a current First Seniority Freedom member and have questions, please call (800)-421-3550  
(TTY/TDD (800)-421-3599)

Monday through Thursday 8:00 a.m. - 7:30 p.m.  
and Fridays 8:00 a.m. - 5:30 p.m. Eastern

If you are a prospective member and have questions, please call (800)-779-7723  
(TTY/TDD (888)-259-8276)

Monday through Friday 8:30 a.m. - 5:00 p.m. Eastern

For members and prospective members with Part D prescription drug related questions only,  
representatives are available 8:00 a.m.-8:00 p.m. 7 days a week.

For more information about Medicare please call Medicare 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.



# Summary of Benefits

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
<b>Important Information</b>		
<b>1. Doctor and Hospital Choice</b> (For more information, see Emergency - #14 and Urgently Needed Care - #15.)	<ul style="list-style-type: none"> <li>You may go to any doctor, specialist or hospital that accepts Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>You may have to pay a separate copay for certain doctor office visits.</li> <li>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</li> </ul>
<b>Summary of Benefits: Inpatient Care</b>		
<b>2. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	<ul style="list-style-type: none"> <li>In 2008 the amounts for each benefit period were:</li> <li>Days 1-60: \$1,024 deductible</li> <li>Days 61-90: \$256 per day</li> <li>Days 91-150: \$512 per lifetime reserve day. These amounts will change for 2009.</li> <li>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> <li>Lifetime reserve days can only be used once.</li> <li>A "benefit period" starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefits periods you can have.</li> </ul>	<p>You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <ul style="list-style-type: none"> <li>\$0 copay.</li> <li>No limit to the number of days covered by the plan each benefit period.</li> <li>See page 14 for additional information about Inpatient Hospital Care.</li> </ul>
<b>3. Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</li> <li>190 day lifetime limit in a Psychiatric Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay.</li> <li>You get up to 190 days in a Psychiatric Hospital in a lifetime.</li> <li>See page 14 for additional information about Inpatient Mental Health Care.</li> </ul>

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
<b>4. Skilled Nursing Facility</b> (in a Medicare-certified Skilled Nursing Facility).	<ul style="list-style-type: none"> <li>• In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:                             <ul style="list-style-type: none"> <li>- Days 1-20: \$0 per day.</li> <li>- Days 21-100: \$128 per day.</li> </ul>                             These amounts will change for 2009.                         </li> <li>• 100 Days for each benefit period.</li> <li>• A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for SNF services.</li> <li>• Plan covers up to 100 days each benefit period.</li> <li>• No prior hospital stay is required.</li> </ul>
<b>5. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> <li>• \$0 copay.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered home health visit.</li> </ul>
<b>6. Hospice</b>	<ul style="list-style-type: none"> <li>• You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>• You must get care from a Medicare-certified hospice.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• You must get care from a Medicare-certified hospice.</li> </ul>
Outpatient Care		
<b>7. Doctor Office Visits</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• You may go to any doctor, specialist, or hospital that accepts the plan’s payment.</li> <li>• See “Physical Exams,” for more information.</li> <li>• \$15 copay for each primary care doctor visit for Medicare-covered benefits.</li> <li>• \$15 copay for each specialist visit for Medicare-covered benefits.</li> </ul>



Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
<b>8. Chiropractic Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for Medicare-covered visits.</li> <li>• Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</li> </ul>
<b>9. Podiatry Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for each Medicare-covered visit.</li> <li>• Medicare-covered podiatry benefits are for medically-necessary foot care.</li> </ul>
<b>10. Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• 50% coinsurance for most outpatient mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for each Medicare-covered individual or group therapy visit.</li> </ul>
<b>11. Outpatient Substance Abuse Care</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for Medicare-covered individual or group visits.</li> </ul>
<b>12. Outpatient Services/Surgery</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor.</li> <li>• 20% of outpatient facility.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>• \$0 copay for each Medicare-covered outpatient hospital facility visit.</li> </ul>
<b>13. Ambulance Services</b> (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered ambulance benefits.</li> </ul>
<b>14. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor.</li> <li>• 20% of facility charge, or a set copay per emergency room visit.</li> <li>• You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay for covered emergency room visits.</li> <li>• Worldwide coverage.</li> <li>• If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</li> </ul>
<b>15. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>• 20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for Medicare-covered urgently needed care visits.</li> </ul>

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
<b>16. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for Medicare-covered Occupational Therapy visits.</li> <li>• \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</li> </ul>
<b>Outpatient Medical Services and Supplies</b>		
<b>17. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered items.</li> </ul>
<b>18. Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered items.</li> </ul>
<b>19. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for Diabetes self-monitoring training.</li> <li>• \$15 copay for Nutrition Therapy for Diabetes.</li> <li>• \$0 copay for Diabetes supplies.</li> </ul>
<b>20. Diagnostic Tests, X-rays, and Lab Services</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnostic tests and x-rays.</li> <li>• \$0 copay for Medicare-covered lab services.</li> </ul> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered lab services.</li> <li>• \$0 copay for Medicare-covered diagnostic procedures and tests.</li> <li>• \$0 copay for Medicare-covered x-rays.</li> <li>• \$0 copay for Medicare-covered diagnostic radiology services.</li> <li>• \$0 copay for Medicare-covered therapeutic radiology services.</li> </ul>

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
Preventive Services		
<b>21. Bone Mass Measurement</b> (for people with Medicare who are at risk)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered bone mass measurement.</li> </ul>
<b>22. Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• Covered when you are high risk or when you are age 50 or older.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered colorectal screenings.</li> </ul>
<b>23. Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<ul style="list-style-type: none"> <li>• \$0 copay for Flu and Pneumonia vaccines.</li> <li>• 20% coinsurance for Hepatitis B vaccine.</li> <li>• You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Flu and Pneumonia vaccines.</li> <li>• \$0 copay for Hepatitis B vaccine.</li> </ul>
<b>24. Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• No referral needed.</li> <li>• Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered screening mammograms.</li> </ul>
<b>25. Pap Smears and Pelvic Exams</b> (for women with Medicare)	<ul style="list-style-type: none"> <li>• \$0 copay for Pap Smears.</li> <li>• Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• 20% coinsurance for Pelvic Exams.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</li> <li>• See page 14 for additional information about Pap Smears and Pelvic Exams.</li> </ul>
<b>26. Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>• 20% coinsurance for the digital rectal exam.</li> <li>• \$0 for the PSA test; 20% coinsurance for other related services.</li> <li>• Covered once a year for all men with Medicare over age 50.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered prostate cancer screening.</li> </ul>

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
27. End-Stage Renal Disease	<ul style="list-style-type: none"> <li>• 20% coinsurance for renal dialysis.</li> <li>• 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for renal dialysis.</li> <li>• \$15 copay for Nutrition Therapy for End-Stage Renal Disease.</li> </ul>
28. Prescription Drugs	<ul style="list-style-type: none"> <li>• Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</li> </ul>	Please see enclosed Prescription Drug Insert
29. Dental Services	<ul style="list-style-type: none"> <li>• Preventive dental services (such as cleaning) not covered.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered dental benefits.</li> <li>• In general, preventive dental benefits (such as cleaning) not covered.</li> </ul>
30. Hearing Services	<ul style="list-style-type: none"> <li>• Routine hearing exams and hearing aids not covered.</li> <li>• 20% coinsurance for diagnostic hearing exams.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for hearing aids</li> <li>• \$15 copay for diagnostic hearing exams.</li> <li>• \$15 copay for up to 1 routine hearing test(s) every year.</li> <li>• \$15 copay for up to 1 hearing aid fitting evaluation(s) every year.</li> <li>• \$500 limit for routine hearing aids every year.</li> </ul>

Benefit Category	Original Medicare	First Seniority Freedom Premier Plan
31. Vision Services	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li> <li>• Routine eye exams and glasses not covered.</li> <li>• Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Annual glaucoma screenings covered for people at risk.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for:</li> <li>• Up to 1 pair(s) of eyeglasses or contact lenses after cataract surgery.</li> <li>• Eyeglasses.</li> <li>• \$15 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$100 limit for eye exams every year.</li> <li>• \$200 limit for eye wear.</li> <li>• See page 14 for more information about Vision Services.</li> </ul>
32. Physical Exams	<ul style="list-style-type: none"> <li>• 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</li> <li>• When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay for routine exams.</li> <li>• Limited to 1 exam every year.</li> <li>• \$15 copay for Medicare-covered benefits.</li> </ul>
33. Health/Wellness Education	<p>Smoking Cessation:</p> <ul style="list-style-type: none"> <li>• Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</li> </ul>	<ul style="list-style-type: none"> <li>• This plan does not cover health/wellness education benefits.</li> <li>• \$15 copay for each Medicare-covered smoking cessation counseling session.</li> </ul>
34. Transportation (Routine)	<ul style="list-style-type: none"> <li>• Not covered.</li> </ul>	<ul style="list-style-type: none"> <li>• This plan does not cover routine transportation.</li> </ul>
35. Acupuncture	<ul style="list-style-type: none"> <li>• Not covered.</li> </ul>	<ul style="list-style-type: none"> <li>• This plan does not cover Acupuncture.</li> </ul>

# Additional Information About First Seniority Freedom

## A name you know and trust

Harvard Pilgrim is well known for providing high-quality health care benefits and service to our customers. On top of that, we have a long and successful history of providing healthcare coverage for Medicare beneficiaries.

**First Seniority Freedom is a Private Fee-for-Service Medicare Advantage plan. This means that you may go to any doctor, specialist or hospital anywhere in the country that is Medicare-approved and willing to provide care and agrees to accept Harvard Pilgrim's terms and conditions of payment.**

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: <http://www.harvardpilgrim.org/fsft>.

## Choose your own doctors and hospitals

With First Seniority Freedom, you decide which doctors you want to see. You're not restricted to choosing doctors, specialists and hospitals from a certain network. You are able to see any provider who agrees to accept Harvard Pilgrim's terms and conditions of payment.

## Enjoy freedom from referrals

When you want to see specialists, you can—at any time. You don't have to choose a primary care physician, so you don't need referrals to receive care.

Of course, if you have a primary care physician that you would like to keep seeing, you can continue to do so as long as your doctor is Medicare-approved and agrees to accept Harvard Pilgrim's terms and conditions of payment. Just call your doctor to find out.

## Feel confident knowing we're here for you

We have an experienced team of Member Services representatives dedicated to answering questions from First Seniority Freedom members. They can answer your questions about benefits and coverage or help you get other kinds of support. Just call (800) 421-3550. For TTY/TDD service, call (800) 421-3599. Representatives are available:

- Monday through Thursday 8:00 a.m. - 7:30 p.m. and Fridays 8:00 a.m. - 5:30 p.m. Eastern
- For Medicare Part D Prescription drug questions only, representatives are available: 8:00 a.m. - 8:00 p.m. Eastern 7 days a week

## We'll help you with your health concerns

Along with answering your coverage and benefit concerns, we can also help you manage your health. Nurse Care Managers are available to provide outreach, education and coordination of care for members in inpatient facilities and at home through post hospitalization out reach calls and telephonic care management programs.

Please call (888) 888-4742 and say the words Care Management or enter extension 31035 to find a Care Manager.

To help improve the quality of life for members with various diseases and increase their ability to manage their



conditions in the least restrictive setting, Harvard Pilgrim has added three new care programs for First Seniority Freedom members.

- **Your Care Champion**, in partnership with Accordant Health Services, provides Freedom members with their very own personalized health care support system to help meet their unique health needs.
- **Health Advance program**, at-risk Freedom members are identified and outreached to before they require more intensive medical services.
- **Extended Care program**, Freedom members are followed at skilled nursing facilities, either on-site, or by phone, to provide care and utilization management services and to assist with discharge planning needs. Members are screened for referral to the *Health Advance* and *Your Care Champion* programs. To find out more information about these programs, just call Member Services at (800) 421-3550. For TTY service, call (800) 421-3599.

## Additional First Seniority Freedom Benefit Information

### Comprehensive coverage

First Seniority Freedom Premier offers comprehensive coverage that includes:

- Routine checkups and allergy shots not covered by Medicare
- \$15 copay per doctor visit (Primary Care & Specialist)
- Inpatient hospital coverage
- Emergency care – anywhere in the world
- Routine eye exams
- Eyeglasses (limitations apply)
- Convenient Mail Service Prescription Drug Program with free shipping

### Medicare Part D Prescription Drug plan

First Seniority Freedom's Medicare Drug Plan gives you access to most outpatient prescription drugs. We are committed to giving you and your doctors as many options as possible so you can talk about and choose the medication that is best for you. We even include certain types of prescription drugs that are not covered by Medicare Part D.

These include prescription drugs in the following categories: (partial list)

- Benzodiazepines, such as anti-anxiety medications
- Prescription drugs used for relief from cough and colds
- Most prescription vitamins and minerals
- Barbiturates (or agents containing barbiturates), such as sedatives

Some medications may require prior authorization or may be subject to quantity or dosage limitations.

To obtain a copy of First Seniority Freedom's drug list call the number on the back of this brochure or visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

## **Eligibility**

You can join First Seniority Freedom if you are entitled to Medicare Part A (hospital) and enrolled in Medicare Part B (medical) and continue to pay Part B premiums if not otherwise paid for under Medicaid or another third party. Most Medicare beneficiaries can join, including those eligible on the basis of disability.

Harvard Pilgrim has an annual contract with the Federal government to provide your Medicare benefits.

Medicare Advantage contracts between the Federal government and Harvard Pilgrim are valid for one calendar year. This means that the benefits, premiums, copayments and service areas offered by Harvard Pilgrim are subject to change on an annual basis on January 1 of each year.

## **Further explanation of benefits from Section Two of this Summary of Benefits**

### **Inpatient Care in an Acute Hospital** (includes Substance Abuse and Rehabilitation Services)

- You are covered for unlimited days each benefit period.

### **Inpatient Care in a Rehabilitation or Long Term Hospital**

- You are covered up to 90 days per benefit period (less any hospital days used in the same benefit period).
- Your 60 lifetime reserve days may be used to supplement care in rehabilitation or long term hospitals.

### **Inpatient Mental Health Care in a Psychiatric Hospital**

- You are covered up to 90 days per benefit period (less any hospital days used in the same benefit period).
- Your 60 lifetime reserve days may be used to supplement care in a psychiatric hospital unless you have reached your lifetime limit of 190 days.

### **Vision Services**

- You are covered up to:  
\$200 – for eyeglasses every 24 months.

### **Pap Smears and Pelvic Exams**

- You pay \$0 for each Medicare-covered Pap Smear and Pelvic Exam once every 2 years, annually for beneficiaries at high risk.

# Important information about your plan

## Member confidentiality

Harvard Pilgrim Health Care Inc. is committed to ensuring and safeguarding the confidentiality of its members' personal information, including medical information, in all settings. Harvard Pilgrim Health Care Inc. staff use and disclose members' personal information only in connection with providing services and benefits and in accordance with Harvard Pilgrim Health Care Inc.'s confidentiality policies. Harvard Pilgrim Health Care Inc. permits only designated employees who are trained in the proper handling of member information to have access to and use of your information.

Harvard Pilgrim Health Care Inc. sometimes contracts with other organizations or entities to assist with the delivery of care or administration of benefits. Any such entity must agree to adhere to Harvard Pilgrim Health Care Inc.'s confidentiality and privacy standards.

When Harvard Pilgrim Health Care Inc. uses or discloses your personal information, it does so using the minimum amount of information necessary to accomplish the specific activity. Harvard Pilgrim Health Care Inc. discloses its members' personal information only: (1) in connection with the delivery of care or administration of benefits, such as, quality assurance activities and third party reimbursement by other payers, including self-insured employer groups; (2) when you specifically authorize the disclosure; (3) in connection with certain activities allowed under law, such as research and fraud detection; (4) when required by law; or (5) as otherwise allowed under the terms of your Benefit Handbook. Whenever possible, Harvard Pilgrim Health Care Inc. discloses member information without member identifiers and in all cases only discloses the amount of information necessary to achieve the purpose for which it was disclosed. Harvard Pilgrim Health Care Inc. will not disclose to other third parties, such as employers, member-specific information (i.e., information from which you are personally identifiable) without your specific consent unless permitted by law or as necessary to accomplish the types of activities described above.

In accordance with applicable laws, Harvard Pilgrim Health Care Inc. agrees to give members access to, and a copy of, their medical records upon a member's request. In addition, your medical records cannot be released to a third party without your consent or unless permitted by law.



## Notes



## Notes

Please call Harvard Pilgrim Health Care Inc. for more information about this plan.

Visit us at <http://www.harvardpilgrim.org> or, call us:

If you are a current First Seniority Freedom member and have questions, please call (800)-421-3550  
(TTY/TDD (800)-421-3599)

Monday through Thursday 8:00 a.m. - 7:30 p.m.  
and Fridays 8:00 a.m. - 5:30 p.m. Eastern

If you are a prospective member and have questions, please call (800)-779-7723  
(TTY/TDD (888)-259-8276)

Monday through Friday 8:30 a.m. - 5:00 p.m. Eastern

For members and prospective members with Part D prescription drug related questions only,  
representatives are available 8:00 a.m.-8:00 p.m. 7 days a week.

For more information about Medicare please call Medicare 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

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**FREEDOM**



Harvard Pilgrim  
HealthCare

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